

# HEARTS DO NOT LIVE IN A 'RESIDENTIAL FACILITY'

Fifty years ago, an American professor commented: "Incomprehensible jargon is the hallmark of any profession."

Today, jargon is everywhere. Just think of computer talk: download, megabyte, software, firewall, motherboard etc. Disability services are not immune and almost warrant a dictionary of their own.

Anyone new to working in disability must learn the difference between health checks and star ratings, maintenance and intermittent support, and intake and milestones. They need to work with JCAs and EA3000; DPIs and DMIs. Ask an employment service provider why they are looking glum and you might be told, "I've got too many level ones, not enough stretch capacity and DEEWR thinks I'm churning."

Apart from impoverishing communication, jargon is sometimes used to obscure meaning, such as when it's used euphemistically – the military talk about collateral damage when they mean the deaths of civilians, business people talk of restructuring when they mean sackings and health bureaucrats discuss outputs and cost weights when referring to people's lives and wellbeing.

Some jargon can make for efficient communication but we must guard against it dulling our moral imagination. In disability services, we need to keep people at the centre of our thinking and it's important therefore, that if we use terms such as supported accommodation, community residential unit or residential facility we remember that we're talking about someone's *home*.

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"Home" is one of the richest and most evocative words in the English language. As the saying goes, home is where the heart is. It's where you can express yourself, remove your armour, relax, be intimate, feel safe, entertain friends, and be accepted for who you are. Home provides you with a sense of dominion. In our collective imagination home is a haven from the world outside that is dominated by competition, commercial transactions and impersonal relations.

Abstract terms like *residential facility* lacks these rich associations. Whatever service providers and policy makers

call them, these are places where people live and their task is to create and maintain a sense of home, although that can be difficult.

Debate about disability accommodation in Australia over the last quarter century, has centred on models that in essence, seek to replace institutions with community-based housing. This assumes of course that if people are located in small community-based households their quality of life will be better and they'll be more likely to participate in community activities than in an institution.


Most research supports this assumption but only up to a point. In the main, individuals' quality of life is higher in group homes than those living in institutions but the studies reveal large variations and sometimes the reverse is true.

This is not an argument for rebuilding institutions but for looking at all the factors that influence perceptions: the attitudes of support workers and supervisors, and the design and arrangement of private and communal spaces. Staff shortages and tight funding also have a big impact, as they place employees under pressure so that efficiency comes to matter more than social inclusion – it's often quicker for staff to prepare meals than engage residents in the process, although this is more empowering.

And occupational health and safety risks can be interpreted in such a stringent fashion that many everyday activities are prohibited. Researchers Tim Clement and Christine Bigby recently completed a study of residents now living in a group home. They observed: "the preoccupation with risk has become so extreme, that it has compromised the possibility of service users undertaking certain household tasks" – tasks like food preparation, which involve sharp knives, hot stoves and boiling water.

Some group homes are like real homes, while others resemble hotels as the residents have little involvement in running the household. Bigby and Clement distinguish between community 'presence' and community 'involvement'. A group home can be located in an ordinary neighbourhood, but its residents may have no real involvement in the life around them.

Real estate agents don't sell houses, let alone community residential units or facilities – they sell *homes*. They understand that customers want more than a functional structure in which to live. They seek a place where they feel they can belong and exercise dominion, where they can interact with friends and family and express themselves.

Most people with disability share these aspirations. Whatever words we use when talking about the purpose of disability accommodation, *home* should be the one we have in mind. 

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